

# VILLAGE OF FORT RECOVERY OHIO WITHHOLDING TAX RETURN

(ENTER YEAR)

TAX ADMINISTRATOR  
VILLAGE HALL, P.O. BOX 459  
FORT RECOVERY, OHIO 45846-0459

PRESORTED  
FIRST CLASS MAIL  
US POSTAGE  
PAID  
FORT RECOVERY, OH  
PERMIT NO. 1

## IMPORTANT !

Please take this form to your accountant, if you do not prepare yourself. It contains your account number for this office and filing information for preparation.

## FILING INSTRUCTIONS

★ Mail your W-1's and W-3's complete with W-2's, and/or 1099's.  
To: Tax Administrator  
Village Hall  
P.O. Box 459  
Fort Recovery, Ohio 45846-0459

★ General information and record sheet are on the 2nd page of withholding tax package.

★ **Assistance:**  
For questions not answered in general information, please call (419) 375-4580.

Office Hours: 8:00 am to 12:00 pm  
Monday, Tuesday, Thursday and Friday

★ **Enclosures:**  
(4) Withholding Vouchers  
(1) Reconciliation Form  
(1) Withholding Record

★ Each employer within the municipality who employs one or more persons is required to withhold the tax of (1%) one percent from all forms of qualified compensation paid to employees at the time such compensation is paid and pay the amount withheld to the Tax Administrator in accordance with general filing information for the municipality of this return.

# VILLAGE OF FORT RECOVERY OHIO RECONCILIATION OF RETURNS

(ENTER YEAR) \_\_\_\_\_

TAX ADMINISTRATOR  
VILLAGE HALL, P.O. BOX 459  
FORT RECOVERY, OHIO 45846-0459

**Income Tax Withheld On (Forms W-1)  
With (Forms W-2 and/or 1099) Submitted Herewith**

**Due on or before  
February 28th**

ATTACH W-2's AND 1099's HERE

1. Total number of employees ..... \$ \_\_\_\_\_
2. Total compensation paid this year ..... \$ \_\_\_\_\_
3. Total income tax to be withheld this year ..... \$ \_\_\_\_\_
4. Total income tax withheld and paid by period as represented on (Form W-1) line 4, for:
  - First quarter ..... \$ \_\_\_\_\_
  - Second quarter ..... \$ \_\_\_\_\_
  - Third quarter ..... \$ \_\_\_\_\_
  - Fourth quarter ..... \$ \_\_\_\_\_
5. Total withholding ..... \$ \_\_\_\_\_
6. Lines 3 and 5 should agree - pay difference or submit explanation if line 5 is short to line 3.  
Penalty: Minimum \$25.00 charged for late filing.

FORM W-3  
REVISED 12-03

## GENERAL FILING INFORMATION

- A. All W-1 returns and payments shall be made on a quarterly basis and are due on or before April 30, July 31, October 31, and January 31, unless more frequent payments are requested by the Tax Administrator. (local income tax rate is 1%)
- B. All W-3's shall be filed complete with W-2's and/or 1099's attached before it will be considered filed on time (February 28th).
- C. The failure of any employer to receive or procure form W-1 and Form W-3, shall not excuse the employer from making these returns, or from paying tax, penalty and interest due.
- D. Each employer within or employer doing business within shall be liable for the payments of this tax required to be deducted or withheld, whether or not such taxes have in fact been withheld.
- E. Delinquent payments shall be subject to three percent (3%) penalty per month, or fraction thereof and one percent (1%) interest per month, or fraction thereof. The minimum penalty for each W-1 and W-3 is \$25.00 for late filing.
- F. The Village Of Fort Recovery shall not tax the compensation of an individual who is an employee and does not reside in the Village if the personal services performed by the individual in the Village were for 12 or fewer days, the principal place of business of the individual's employer is located outside the Village and the individual is not a professional entertainer or athlete, the promoter of a professional entertainment or sports event, or an employee of such promoter.
- G. Each resident employer and each non-resident employer (doing business within the Village) is not required to withhold taxes on an employee who will not reach the age of 18 during the calendar year. If the employee will be 18 during the year, taxes are required to be withheld the entire calendar year.
- H. The above regulations are from the tax ordinances of this return.

### - DO NOT REMIT WITHHOLDING RECORD -

Withholding Record For The Year 20 \_\_\_\_\_

	DATE	CHECK #	AMOUNT
A. Pay period numbers .....	1.		\$
	2.		\$
	3.		\$
	4.		\$
B. Remit W-3 (complete) with W-2's after checking this total .....			\$

**FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)**

(ENTER YEAR)

Tax Administrator, Village Hall  
P.O. Box 459, Fort Recovery, Ohio 45846-0459

Form W-1 Revised 12-03

**Due on or before April 30th - Voucher 1**  
**Period January 1st thru March 31st**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total compensation paid this period . . . . . \$ \_\_\_\_\_
- 2. Total withheld this period . . . . . \$ \_\_\_\_\_
- 3. Adjustments to prior returns . . . . . \$ \_\_\_\_\_
- 4. Total payable herewith . . . . . \$ \_\_\_\_\_
- 5. Total payable with penalty and interest . . . . . \$ \_\_\_\_\_

Authorized Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Federal ID # \_\_\_\_\_

PENALTY: At (3%) per month, or fraction thereof with minimum \$25.00.  
INTEREST: At (1%) per month, or fraction thereof with no minimum.

**FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)**

(ENTER YEAR)

Tax Administrator, Village Hall  
P.O. Box 459, Fort Recovery, Ohio 45846-0459

Form W-1 Revised 12-03

**Due on or before July 31st - Voucher 2**  
**Period April 1st thru June 30th**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total compensation paid this period . . . . . \$ \_\_\_\_\_
- 2. Total withheld this period . . . . . \$ \_\_\_\_\_
- 3. Adjustments to prior returns . . . . . \$ \_\_\_\_\_
- 4. Total payable herewith . . . . . \$ \_\_\_\_\_
- 5. Total payable with penalty and interest . . . . . \$ \_\_\_\_\_

Authorized Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Federal ID # \_\_\_\_\_

PENALTY: At (3%) per month, or fraction thereof with minimum \$25.00.  
INTEREST: At (1%) per month, or fraction thereof with no minimum.

**FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)**

(ENTER YEAR)

Tax Administrator, Village Hall  
P.O. Box 459, Fort Recovery, Ohio 45846-0459

Form W-1 Revised 12-03

**Due on or before October 31st - Voucher 3**  
**Period July 1st thru September 30th**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total compensation paid this period . . . . . \$ \_\_\_\_\_
- 2. Total withheld this period . . . . . \$ \_\_\_\_\_
- 3. Adjustments to prior returns . . . . . \$ \_\_\_\_\_
- 4. Total payable herewith . . . . . \$ \_\_\_\_\_
- 5. Total payable with penalty and interest . . . . . \$ \_\_\_\_\_

Authorized Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Federal ID # \_\_\_\_\_

PENALTY: At (3%) per month, or fraction thereof with minimum \$25.00.  
INTEREST: At (1%) per month, or fraction thereof with no minimum.

**FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)**

(ENTER YEAR)

Tax Administrator, Village Hall  
P.O. Box 459, Fort Recovery, Ohio 45846-0459

Form W-1 Revised 12-03

**Due on or before January 31st - Voucher 4**  
**Period October 1st thru December 31st**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total compensation paid this period . . . . . \$ \_\_\_\_\_
- 2. Total withheld this period . . . . . \$ \_\_\_\_\_
- 3. Adjustments to prior returns . . . . . \$ \_\_\_\_\_
- 4. Total payable herewith . . . . . \$ \_\_\_\_\_
- 5. Total payable with penalty and interest . . . . . \$ \_\_\_\_\_

Authorized Signature X \_\_\_\_\_ Date \_\_\_\_\_  
Federal ID # \_\_\_\_\_

PENALTY: At (3%) per month, or fraction thereof with minimum \$25.00.  
INTEREST: At (1%) per month, or fraction thereof with no minimum.